SERFF Tracking Number:
 MANU-127852888
 State:
 Arkansas

 Filing Company:
 John Hancock Life Insurance Company (U.S.A.)
 State Tracking Number:
 50359

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5097US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: NB5000USR SERFF Tr Num: MANU-127852888 State: Arkansas

(11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 50359

Adjustable Life Closed

Sub-TOI: L09I.001 Single Life Co Tr Num: NB5000USR State Status: Approved-Closed

(11/2011)/NB5092USR

(11/2011)/NB5037US (11/2011)

Filing Type: Form Reviewer(s): Linda Bird

Authors: Helene Landow, Karren Disposition Date: 12/05/2011

Phair, Debbie Tom, Jacqueline Lau,

Virginia Bove

Date Submitted: 11/29/2011 Disposition Status: Approved-

Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: NB5000USR (11/2011)/NB5092USR Status of Filing in Domicile:

(11/2011)/NB5037US (11/2011)

Project Number: NB5000USR (11/2011)/NB5092USR Date Approved in Domicile:

(11/2011)/NB5037US (11/2011)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 12/05/2011

State Status Changed: 12/05/2011

Deemer Date: Created By: Debbie Tom

Submitted By: Debbie Tom Corresponding Filing Tracking Number:

Filing Company:	John Hancock Life Insurance Company (U.S	A.) State Tracking Nu	umber: 50359
Company Tracking Number:	NB5000USR (11/2011)/NB5092USR (11/201	'1)/NB5037US (11/201.	1)
TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L091.001 Single Life
	Adjustable Life		
Product Name:	NB5000USR (11/2011)/NB5092USR (11/201	1)/NB5037US (11/201.	1)
Project Name/Number:			1)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US
· ,	(11/2011)	,	,
Filing Description:	(11/2011)		
INDIVIDUAL LIFE			
Application forms:			
	- Application for Life Insurance		
,	· · · · Application for Term Life Insura	nce – Single Life	
	- Term Conversion Application to	=	
The above application	forms are being submitted for you	r approval. These	e forms will be used with state approved
Individual Life policies.	No part of this filing contains any	unusual or contro	oversial items that deviate from normal
Company or industry s	tandards. These forms will be ava	ailable electronica	ally for completion and submission either in
printed or electronic for	mat, providing the option for wet o	or electronic signa	ature, without change in the pre-formatted
content.			
·	, , ,	•	e NB5000USR (06/2010), Application for Life
	approved by your state on August	4, 2010 under St	ERFF Tracking # MANU-126736915 state
tracking # 46342.			
We confirm that the rev	rised form is identical to the form b	peing replaced ex	ccept for the changes described below:
•	e – address changed to "27 Drydo		
Page 1, Changed Qu	estions 1i) & 2i) to "Citizenship _	_ U.S Non -	U.S. Country of Citizenship
"			Type of U.S. VISA
Page 2 Coverage De	tails – Flexible Premium Products	: – Universal Life	- inserted "If applying for Indexed UL-
•			iders and Benefits Refer to instruction page fo
·		• •	s – deleted "Whole Life" option, Q10(b) and
			bility WaiverCoversion Extension Rider
` '	Acclerated Death Benefit (for t	•	-
			"Frequency Annual Semi-Annual
=	_		Pre-Authorized Payment Plan - complete
Request for Pre-Autho	rized Payment Plan NB5087"		·
• Page 3, Question 13	- question has been deleted.		
• Page 5, Medical Cert	fication – Questions 35. and 36. –	questions has b	een deleted.
• Page 6, Pre-Authorize	ed Payment Plan – Question 43. –	- question has be	en deleted.

State:

Arkansas

SERFF Tracking Number:

MANU-127852888

• "Page 6, Declaration – revised heading to state "READ THE FOLLOWING CAREFULLY AND SIGN ON PAGE 7." – inserted #6 "Flexible Premium Policies: I/We understand that I/We may need to pay additional premiums in addition to

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

the Planned Premium if the current policy charges or actual interest rate credited/investment performance are different from the assumptions used in your illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied)."

• Questions and references to questions have been renumbered according to deletions made.

Form NB5092USR (11/2011) - Application for Term Life Insurance – Single Life – will replace NB5092USR (10/2010) Application for Term Life Insurance -Single Life, which was approved by your state on November 30, 2010 under SERFF Tracking # MANU-126899184 state tracking # 47377.

We confirm that the revised form is identical to the form being replaced except for the changes described below:

 Page 1, Service Office – 	address changed to "27	7 Drydock Ave Boston MA	\ 02210-2377"
--	------------------------	-------------------------	---------------

 Page 1, Changed Questions 1i) to "Citizenship 	U.S	_ Non - U.S.	Country of Citizenship _	
			Type of U	I.S. VISA

- Page 3, Medical Certification Questions 26. and 27. complete section has been deleted.
- Page 4, Pre-Authorized Payment Plan Question 33. complete section has been deleted.
- Questions and references to questions have been renumbered according to changes made.

Form NB5037US (11/2011) - Term Conversion Application to a Permanent Policy – will replace NB5037US (04/2010), Term Conversion Application to a Permanent Policy, which was approved by your state on May 21, 2010 under SERFF Tracking # MANU-126625901, state tracking # 45724.

We confirm that the revised form is identical to the form being replaced except for the changes described below:

- Page 1, Service Office address changed to "27 Drydock Ave Boston MA 02210-2377"
- Page 2, Coverage Details Flexible Premium Products Universal Life inserted "If applying for Indexed UL-complete Premium Allocation Instructions NB5176"- Q9(d) inserted "Note: For single life the PPR loan type is fixed except for PPR Cash Value Advantage. For survivorship the PPR loan type is variable.
- Page 2, Fixed Premium Products deleted "Whole Life" and deleted Q10(b) and Q10(c) deleted "Automatic Premium Loan (if applicable)"

[•] Page 2, Premiums and Funding Information - Question 8. – revised "Pre-Authorized Monthly Payment Plan (complete Q 33)" to now state "Monthly (Pre-Authorized Payment Plan only) _ Direct ____ Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan NB5087". Deleted "Other" option.

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

- Page 2, Premiums and Funding Information Question 11. revised "Pre-Authorized Monthly Payment Plan (complete Q 18) ____ List Billed" to now state "Monthly (Pre-Authorized Payment Plan only) _ Direct ____ Pre-Authorized Payment Plan complete Request for Pre-Authorized Payment Plan NB5087"
- Page 2, Question 12 question has been deleted.
- Page 3, Pre-Authorized Payment Plan Question 18. complete section has been deleted. Renumbered "Special Request" to Question 17 and expanded blank space.
- Page 3, Signatures inserted statement #3 stating "If converting to a flexible premium policy: The Owner understands that additional premiums may be required in addition to the Planned Premium if the current policy charges or actual interest credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied.)"
- Questions and references to questions have been renumbered according to changes made.

The Service Office address, the Products selections under the Coverage Details section on forms NB5000USR (11/2011), NB5092USR (11/2011) and NB5037US (11/2011) are being filed as variable information [shown in brackets] to accommodate future changes. Any new riders will be filed for state approval as required.

In addition, the Fraud Warnings not applicable to your state on form NB5037US (11/2011) are being filed as variable information [shown in brackets] to accommodate future changes.

We trust these forms are acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-2035(collect) or via e-mail at debbie_tom@jhancock.com

Company and Contact

Filing Contact Information

Debbie Tom, Contract Analyst Debbie_Tom@jhancock.com

200 Bloor St E 416-852-2035 [Phone]
Toronto, ON M4W 1E5 416-926-3121 [FAX]

Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan

(U.S.A.)

P. O. Box 600 Group Code: 904 Company Type: insurance/financial

Contracts and Compliance Group Name: State ID Number:

Buffalo, NY 14201-0600 FEIN Number: 01-0233346

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

(416) 926-3000 ext. [Phone]

Filing Fees

Fee Required? Yes

Fee Amount: \$150.00

Retaliatory? No

Fee Explanation: 50.00 per form

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

John Hancock Life Insurance Company \$150.00 11/29/2011 54120163

(U.S.A.)

 SERFF Tracking Number:
 MANU-127852888
 State:
 Arkansas

 Filing Company:
 John Hancock Life Insurance Company (U.S.A.)
 State Tracking Number:
 50359

 $Company \ Tracking \ Number: \qquad NB 5000 USR \ (11/2011) / NB 5092 USR \ (11/2011) / NB 5037 US \ (11/2011)$

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-	Linda Bird	12/05/2011	12/05/2011
Closed			

 $Company \ Tracking \ Number: \qquad NB 5000 USR \ (11/2011) / NB 5092 USR \ (11/2011) / NB 5037 US \ (11/2011)$

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

Disposition

Disposition Date: 12/05/2011

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

 $Company \ Tracking \ Number: \qquad NB 5000 USR \ (11/2011) / NB 5092 USR \ (11/2011) / NB 5037 US \ (11/2011)$

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Form NB5000USR (11/2011) - (marked		Yes
	with changes)		
Supporting Document	Form NB5092USR (11/2011) - (marked		Yes
	with changes)		
Supporting Document	Form NB5037US (11/2011) - (marked		Yes
	with changes)		
Form	Application for Life Insurance		Yes
Form	Application for Term Life Insurance –		Yes
	Single Life		
Form	Term Conversion Application to a		Yes
	Permanent Policy		

 SERFF Tracking Number:
 MANU-127852888
 State:
 Arkansas

 Filing Company:
 John Hancock Life Insurance Company (U.S.A.)
 State Tracking Number:
 50359

 $Company \ Tracking \ Number: \qquad NB 5000 USR \ (11/2011) / NB 5092 USR \ (11/2011) / NB 5037 US \ (11/2011)$

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status		Application/ Enrollment Form	Application for Life Insurance	Revised	Replaced Form #: NB5000USR (06/2010) Previous Filing #: MANU-126736915	40.000	NB5000USR. pdf
			Application for Term Life Insurance – Single Life	Revised	Replaced Form #: NB5092USR (10/2010) Previous Filing #: MANU-126899184	40.000	NB5092USR. pdf
	NB5037US (11/2011)	• •	Term Conversion Application to a Permanent Policy	Revised	Replaced Form #: NB5037US (04/2010 Previous Filing #: MANU-126625901)	NB5037US.p df



Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Application for Life Insurance John Hancock Life Insurance Company (U.S.A.)

(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and Owner. Use the Additional Information/Special Requests section for additional space or special requests if required.

PROPOSED LIFE INSURED LIFE ONE

PROF	OSED LIFE INSURED	LIFE ONE								
1. a)	Name First		Middle		Last		b) Sex M M F			
	JOHN M.	DOE								
c)	Date of Birth Month Day Yea	d) Place	of Birth	Co	untry	e) Social Secu	rity Number			
	O C T 0 4 1 9 6		TOWN		SA	1 2 3	4 5 6 7 8 9			
f)	Telephone Nos. Personal 905 123 -4	Busines: 905	234-5678		g) E-mail Address johnd o	oe@hotmail.com	n			
h)	Driver's License No.	State	i) Citizenship		Country of Citizenship					
	1234567890	AS	X US	Von (JS Type of US VISA					
j)	Primary Residence Street A	Address	City		State	Zip Code	k) Total years at this			
	1999	MARCH STRE	ET ANYTO	WN,	ANYSTATE	12345	address 5			
l)	Do you have a secondar	•			Occupation (COMPANY PRE	SIDENT			
	X No ☐ Yes - provide adper year at this address	dress including zip in Additional Inforr	nation Q 34.		Retired Homemaker	☐ Student	☐ Unemployed			
n)	Employer ABC COMPANY									
0)	Gross Annual Income	Unearned		1 '	et Worth		X Personal			
	\$ 300,000	\$ 100,000		\$ 2.6 M						
a)	Purpose X Estate Con	servation			plete Business Insurance se		by 125 may be required.			
,	of Wealth Tra		ome Replacemen		\square Other - give details:	.00011 Q 33				
r)	r) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties?									
	\square No \square Yes - give de		otner similar finar	ıcıaı	difficulties?					
PROF	POSED LIFE INSURED	LIFE TWO								
2. a)	Name First		Middle		Last		b) Sex			
							□ M □ F			
c)	Date of Birth	d) Place	of Birth			e) Social Secu	e) Social Security Number			
	Month Day Yea	r State		Co	untry					
f)	Telephone Personal	Busines	5		g) E-mail					
I- \	Nos.	C+-+-	N 6'''		Address					
n)	Driver's License No.	State	i) Citizenship □ US □ I	Von I	Country of Citizenship					
				NOIT (Type of US VISA					
j)	Primary Residence Street A (if different from Life One)	Address	City		State	Zip Code	k) Total years at this address			
l)	Occupation				m) Employer					
	☐ Retired ☐ Homemaker	Student □	☐ Unemployed							
n)	Gross Annual Income	Unearned	. ,	o) N	et Worth (if different from	Life One)	☐ Personal			
	\$	\$		\$			☐ Joint with spouse			
p)	In the last 5 years, has the had any liens, judgement ☐ No ☐ Yes - give de	s or other similar	sured or any busi financial difficultion	ness es?	of which he/she is a partne	er/owner/execu	tive been bankrupt,			

	/NER - List additional Owners and details in A Who is the Owner? ▼ Proposed Life Insured One □ Trust □ Other - give relationship to	☐ Proposed☐ Trust to b	Life Insured Tw e Established				
Pro	If the Owner is a Non US Person or a Non Resider vide details below, if other than Proposed Life st Agreement may be required.						
5.	a) Name				b) Date of Birth/Trust Do	ate _{Year}	
	c) Address Street Address City			State	Zip Code		
	d) Social Security/Tax ID Number (if applicable)		e) E-mail Address				
6.	Multiple Owners - Type of Ownership 🔲 Joint v	vith right of S	Survivorship	☐ Tenants in	common		
BEI	NEFICIARY INFORMATION - Subject to change	by Owner.	(List addition	al beneficiari	es in Additional Inforn	nation Q 34)	
7.	a) Name JAMES M.	DOE	X Primary		to Proposed Life Insured(SON	Percentage 100 %	
	b) Name		☐ Primary ☐ Secondar		to Proposed Life Insured(s) Percentage %	
СО	VERAGE DETAILS - Refer to your illustration	for riders a	nd benefits se	elected			
8.	PRODUCT NAME JH UNIVERSAL LIFE						
9.	FLEXIBLE PREMIUM PRODUCTS					_	
	■ Universal Life - If applying for Indexed UL - c □ Variable Universal Life - complete Fund All a) ■ Single Life □ Survivorship b) Base Face Amount \$ 250,000	location NB5	5136		NB5176		
	b) base race Amount \$ 250,000		tal Face Amour)/ for		
		☐ Level	Increasing by Increasing Sc	,	% for Years blete Customized Sched	ule NR5064	
	c) Death Benefit Option 🗵 Option 1 (Face Amo d) Life Insurance Qualification Test 🗵 Guidelin	unt/TFA)	9	Amount/TFA	plus Policy Value)	ale ND3004	
	e) Riders and Benefits - Refer to instruction par	☐ PPR Quidept for PPR Ca	ck □ PPR En ash Value Advar □ Lon □ I	hanced ntage. For survi g-Term Care I Long-Term Ca	PPR Cash Value Advan	e is variable.	
	(Whole numbers only. Maximum 100%) ☐ Overloan Protection Rider	% 	☐ Disa	•	nt of Specified Premium		
	☐ Cash Value Enhancement ☐ Accelerated Death Benefit (for terminal illne	ess)		cy Split Optio	on Rider (Four Year Term n)	
10.	FIXED PREMIUM PRODUCTS						
	☐ Term 10 ☐ Term 15 ☐ Term 20 a) Face Amount \$	☐ Survivor	ship Term			_	
	b) Riders and Benefits (if applicable) ☐ Total Disability Waiver	\	☐ Conve	ersion Extensio	on Rider (T15 & T20 onl	y)	
	☐ Accelerated Death Benefit (for terminal illne	ess)	☐ Other				
11.	If an additional or optional policy is being applied Plan Name	d for by the C	wner in a sepa		on, state plan and face \$	amount.	

PKI	- WIIUWIS	AND FUNDIR	NG INFORMATION	1									
12.	Frequency	/ 🛚 Annual	☐ Semi-Annual	□ Q	uarter	у 🗆 Мо	onthly	(Pre-A	Author	ized P	ayment	Plan on	ly)
		☐ Direct	\square Pre-Authorized	Payme	ent Pla	n - complet	e Req	uest f	or Pre-	Autho	orized Pa	ayment l	Plan NB5087
13.			and Correspondence										
	☐ Owner		d Life Insured One	☐ Pro	posed	Life Insure	d Two)					
	☐ Other	First	Mi	iddle		Las	t			Relatio	onship to P	roposed Life	e Insured(s)
		Street Address					City	y			State		Zip Code
1/1	Premium	Source											
1-7.	X Earned		Unearned Income	□Loa	n (con	nplete ques	tion 1	5)					
	☐ Liquidating Assets - give details:												
	☐ An individual and/or entity other than the Proposed Life Insured's employer - give details:												
	☐ Settled	Contracts - g	ive details:										
	☐ Other	give details:											
Co	mplete au	estion 15. if	premium source is	a loan	1-								
		the lender?	promising source is	u 10uii	•	b) What a	mount	and t	ype of	collate	eral is rec	quired to	secure the loan?
						Amount \$				Туре	of Collate	ral	
			nent of principal and	interes	st, are	there other	tees,	charg	es or c	other c	consider	ation to	be paid?
	∐ No	☐ Yes - give	details:										
16.			sidering entering into										
			aries specified in this of the Proposed Life							er lega	al or be	neficial i	interest in any
		Yes - give de	·	IIISUIC	u(3) a3	a result of	tilis a	ррпса	tion:				
17.	_		any money or other o	conside	eration	s by any pe	erson	or enti	ity in c	onnec	tion wit	th this a	pplication?
	X No L	☐ Yes - give de	etails: 										
EVI	STING AI	ND DENIDING	INFORMATION										
			attach additional pa	age th	at has	been sign	ed b	y the	Owne	r and	Propo	sed Life	e Insured(s).
18.	Does the	Owner have a	ny existing life insura	ince ar	ıd/or a	nnuity polic	ies?						
			te state appropriate i										
19.			each policy in force of										
		check this bo	gned or settled to or $\mathbf{x} \mid \mathbf{X} \mid$	WILII d	settie	ment or via	licai c	.оттра	riy Or a	ariy Ot	ner pers	son or e	ritity.
	Proposed			Insur	ance	Issue Date	To Re	main orce?	_ 10	35	Settled	or Sold	Face Amount
	ife Insured		Company		Business	Year	Yes	No No	Yes Yes	nge? No	Yes	Year	Including Riders
	One 🗌 Two)											\$
	One 🗌 Two)											\$
	One 🗆 Two												\$
													\$
Ш'	One 🗌 Two	0											Ψ

EXISTING AND PENDING INFORMATION continued 20. a) If you are applying for life insurance with any other company, provide the amount of all formal applications and name of the life insurance company. Do not include informal inquiries. Face Amount Proposed Proposed Face Amount Company Company Life İnsured Life İnsured **Including Riders** Including Riders \$ ☐ One ☐ Two ☐ One ☐ Two \$ ☐ One ☐ Two \$ ☐ One ☐ Two b) Total formal coverage pending (including this application) you plan to accept. Life Two \$ Life One \$ 250,000 21. If applying for single life coverage, is there any inforce and applied for coverage on your spouse? ☐ Yes - Total Coverage Amount \$ X No ☐ No spouse 22. Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount? Life One \mathbf{X} No \square Yes - give details: Life Two \square No \square Yes - give details: GENERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 31 for 'Yes' answers. Life One Life Two 23. Do you engage in any regular exercise? (ie walking, treadmill, swimming, aerobics, strength training, cycling, yoga) If 'Yes', give details of type, frequency and length of time in Q 31. X No ☐ Yes ☐ No ☐ Yes 24. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If 'Yes', give details of type of nicotine product, amount and frequency and date last used in Q 31. X No ☐ Yes □ No ☐ Yes 25. Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If 'Yes' give details of location (city/country), purpose, X No ☐ Yes No Yes frequency and duration in Q 31. 26. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes in the last 2 years? ▼ No □ Yes ☐ No ☐ Yes If 'Yes', complete Aviation Questionnaire NB5009. b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? X No ☐ Yes ☐ No ☐ Yes If 'Yes', complete appropriate Avocation Questionnaire. 27. a) Have you been cited for one or more moving violations within the last 2 years? ☐ Yes □ No X No ☐ Yes b) Have you been cited for driving while intoxicated or while otherwise impaired? X No ☐ Yes ☐ No ☐ Yes 28. Have you ever been arrested, convicted, or imprisoned for a felony and/or currently X No ☐ Yes ☐ No ☐ Yes awaiting trial for any crime and/or felony? If 'Yes' give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 31. 29. Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60? X No ☐ Yes ☐ No ☐ Yes X No ☐ Yes ☐ No ☐ Yes 30. Are you a member of the armed forces, including the reserves? If 'Yes', complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109. 31. Details for 'Yes' answers for questions 23 - 30. Ouestion No. Life One Ouestion No. Life Two

LIFE ONE LIFE TWO 32. a) Date of last visit to Month Day Year 33. a) Date of last visit to Day Year ANY doctor/physician ANY doctor/physician **JAN** 15 2009 b) Reason for and outcome of visit b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed) (Diagnosis / Treatment / Medication Prescribed) ANNUAL CHECK-UP - NONE c) Physician Name, Address and Telephone Number c) Physician Name, Address and Telephone Number ARTHER H. SMITH 123 MAIN STREET **ANY TOWN, ANYSTATE 12347** d) Provide Primary Physician name and contact information, d) Provide Primary Physician name and contact information, if different from 32 c). if different from 33 c). ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required. 34. COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124. 35. a) Business Insurance Purpose ☐ Key Person ☐ Buy Sell ☐ Business Loan ☐ Other Liabilities Gross Sales Fair Market Value of the Business Assets Net Income \$ Current Year \$ \$ \$ \$ \$ \$ \$ \$ \$ Previous Year b) How was the amount applied for determined? c) What percentage of the business is owned by the Proposed Life Insured(s)? d) Are other partners/owners/executives insured or applying for life insurance with any company? ☐ No ☐ Yes - give details: JUVENILE INSURANCE - Complete if Proposed Life Insured is under age 18. 36. a) Are all siblings equally insured? \square No \square Yes b) Amount of life insurance currently in force or pending for If 'No', give details: Amount If none, provide reason \$ Mother Father \$ Guardian \$

INFORMATION REGARDING LAST MEDICAL CONSULTATION

TEMPORARY LIFE INSURANCE AGREEMENT APPLICATION ☒ Not Applicable

Complete this section only if applying for Temporary Life Insurance and the criteria is met.

Money may NOT be collected and the **Temporary Life Insurance Receipt and Agreement NB5004** may NOT be issued if:

- 1. questions 37 to 39 are answered 'Yes' or left blank; or
- 2. the Proposed Life Insured(s) is under age 20 or over age 70; or
- 3. the amount applied for is more than \$10,000,000 (single life) or \$15,000,000 (survivorship).

	Life	One	Life Two	
37. Within the last 24 months, has the Proposed Life Insured(s) under this application:				
a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer?	□ No	☐ Yes	□ No	☐ Yes
b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed?c) been declined for life insurance?	□ No	☐ Yes	□ No	☐ Yes
cy been declined for the insurance.		□ 163		☐ 163
38. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted?	□ No	☐ Yes	□ No	☐ Yes
39. Does the Proposed Life Insured(s) reside outside the United States more than 6 months per year?	□ No	☐ Yes	□ No	☐ Yes

READ THE FOLLOWING CAREFULLY

DECLARATIONS

The Proposed Life Insured(s) and Owner (or Parent or Guardian) declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured(s) will become part of the insurance policy issued as a result of this application.

2. Policy Effective Date:

- a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured(s), (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured(s), and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount
- b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
- 3. **Employer Owned Policies:** The Proposed Life Insured(s) confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured(s), (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured(s) and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured(s) also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
- 4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
- 5. **Variable Policies:** I/We acknowledge receipt of the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under this policy. I/We have reviewed the prospectuses and supplements and believe that the variable life policy is consistent with my/our insurance needs, investment objectives and investment risk tolerance.
- 6. **Flexible Premium Policies**: I/We understand that I/We may need to pay additional premiums in addition to the Planned Premium if the current policy charges or actual interest rate credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied).
- 7. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004.**

NB5000USR (11/2011) Page 6 (US) VERSION (11/2011)

READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

AUTHORIZATION TO OBTAIN INFORMATION

I/We, the Proposed Life Insured(s), authorize:

- 1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me/us.
- 2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me/us or any minor child/children who are to be insured. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
- 3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me/us.

I/We authorize The Company to disclose such information and any information developed during its evaluation of my/our application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) my/our insurance agent, when that agent is seeking insurance coverage through The Company on my/our behalf; (f) any medical professional designated by me/us; or (g) any person or entity entitled to receive such information by law or as I/we may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am/We are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

X Signature of Owner (Provide title	or corporate seal,	, if Signing Officer)		
Owner - Signed at	City	State	This	Day of	Year
x				X	
Signature of Propose or Guardian if under		d One if other tha	an Owner (Parent	Signature of Proposed Life In:	sured Two if other than Owner
AGENT SIGNATUI	RE				
I cortify that all the	informatio	n supplied by th	ne Proposed Life In	sured(s) and Owner has truly	and accurately been recorded on
the application.					

NB5000USR (11/2011) Page 7 (US) VERSION (11/2011)



Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Application for Term Life Insurance - Single Life John Hancock Life Insurance Company (U.S.A.)

(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured and Owner. Use the Additional Information/Special Requests section for additional space or special requests if required.

PK	JP(OSED LIFE INSURE	:D											
1.	a)	Name First			Middle		La	st				b) Se		
			M.	DOE									M	□ F
	C)	Date of Birth Month Day	Year	d) Place State	e of Birth		Country		e)	Social	Securi	ty Num	ber	
		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	9 6 7	AN	YTOWN		USA			1 2	3 4	1 5	6 7	8 9
	f)	Telephone Nos. Personal 905 12	23-4567	Business 905	234-5678		g) E-mail Address		johndoe(a)hotm	ail.cor	n		
	h)	Driver's License No.	S	tate i) Citizenship		Country	of Citizen	ıship					
		1234567890	A	AS	X US	□ Non			·					
	j)	Primary Residence St	reet Address		City			State	Zip C	ode	k)	Total y	ears	at this
		19	99 MARCI	I STREI	ET ANYI	OWN,	ANY	STATE	123	345	l	addres	S	5
	l)	Do you have a secor	•				n) Occupation	1	COMP	ANY PI	RESID	ENT		
		■ No □ Yes - provide per year at this addr				nths	☐ Retired	☐ Hom	nemaker	☐ Stuc	dent	☐ Une	mplo	yed
	n)	Employer ABC COMPANY												
	0)	Gross Annual Incom	e	earned		p) N	let Worth					ersonal		
	\$ 300,000 \$ 100,000				\$ Fina	2.6 M ncial Suppler	ment for	Personal I	nsuranc		oint witl 125 ma			
	q)	Purpose X Estate (Conservation	ı 🗆 Bu	siness Insurand	te - con	nplete Busine	ss Insura	nce sectio	n Q 27				
		of Insurance Wealth	Transfer		ome Replacen	nent	☐ Other - giv	ve details:						
	r)	In the last 5 years, had any liens, judgen No Yes - give	nents or oth	sed Life I er similar	nsured or any financial diffic	busines culties?	s of which h	e/she is a	partner/o	wner/e	xecutiv	ve been	bank	krupt,
OV	/N	ER - List additional	Owners ar	nd detai	ls in Additio	nal Inf	ormation O	26						
2.	W	ho is the Owner?	✓ Propose☐ Trust☐ Other -	ed Life Ir	nsured ationship to P	Busine Trust to	ess Partner to be Establis d Life Insured	shed	☐ Emplo					
Pro Tru	ovio Ist	le details below, if Agreement may be	other than required.	Propos	ed Life Insur	ed. If T	Trust Owne	r, compl	ete the T	rust Ce	ertific	ation F	PS51	01.
3.	a)	Name							b)	Date of	g Birth/	Trust Da	ate _{Ye}	ar.
										IVIOITU	'	.	16	di .
	c)	Address Street Address			(City			State	2			Z	Zip Code
	d)	Social Security/Tax ID	Number (if a	applicable	2)		e) E-mail Address	5						
4.	M	ultiple Owners - Type	of Ownersl	hip 🗌 J	loint with righ	t of Su	rvivorship	☐ Tena	nts in con	nmon				
BEI	NEF	ICIARY INFORMAT	ΓΙΟΝ - Subj	ect to c	hange by Ow	ner. (List addition	al bene	ficiaries i	n Addi	tional	Inform	natio	n Q 26)
5.		Name JAMES	М.		DOE		X Primary		onship to F					rcentage
	b)	Name					☐ Primary ☐ Seconda		onship to F	roposed	d Life II	nsured	Pei	rcentage %

CO	VERAGE DETAILS									
6.	☑ Term 10 ☐ Term 15 ☐ Term	n 20	☐ Oth	er						_
	a) Face Amount \$ 250,000	_								
	b) Riders and Benefits (if applicable) ☐ Total Disability Waiver ☐ Accelerated Death Benefit (for terminal illness) ☐ Other									
7.	If an additional or optional policy is being	g applied	for by	the Owner	in a se	eparat	e appl	icatior	n, state plan an	d face amount.
	Plan Name							\$		
PRE	MIUMS AND FUNDING INFORMAT	ON								
8.	Frequency 🗓 Annual 🗆 Semi-Annu 🗆 Direct 🗆 Pre-Author		Quarte nent Pl	•		-			Payment Plan o orized Paymen	only) t Plan NB5087
9.	Send Premium Notices and Corresponder Owner Proposed Life Insured	nce to: (Se	elect O	ne)				Relation	nship to Proposed Life In	sured
	☐ Other First	iviidale		Lasi				Neiatio	nship to Proposed Life in	sureu
	Street Address				City				State	Zip Code
10.	10. Premium Source ▼ Earned Income □ Unearned Income □ Loan (complete question 11) □ Liquidating Assets - give details: □ An individual and/or entity other than the Proposed Life Insured's employer - give details: □ Settled Contracts - give details:									
	Other - give details:									
Co : 11.	mplete question 11, if premium source a) Who is the lender?	is a loar	1.	b) What a	mount	and t	ype of		eral is required to	o secure the loan?
	c) In addition to repayment of principal a	and intere	st, are	there other	fees,	charg	es or o	other o	consideration to	o be paid?
	STING AND PENDING INFORMATIOnore space is required attach additional		at has	s been sigr	ned by	y the	Owne	er and	l Proposed Lif	e Insured.
12.	Does the Owner have any existing life ins			nnuity polic		replac	ement	forms	5.	
13.	Provide information for each policy in force sold, assigned or settled to or with a settle	e on the F	ropose	ed Life Insur	ed wit	h all c	compar	nies, ir	ncluding any po	
	Company		rance	Issue Date	-	main	10	35 ange?	Settled or Sold	Face Amount
	Сотрану	Personal	Business	Year	Yes	No	Yes	No	Yes Year	Including Riders
										\$
										\$
14.	 a) If you are applying for life insurance we the life insurance company. Do not in 	clude inf	ormal	inquiries.	vide t	he am	ount o	of all f	ormal applicati	
	Company	Face A Includin	mount g Rider				Compa	ny		Face Amount Including Riders
		\$								\$
	b) Total formal coverage pending (includi	ng this ap	plicati	on) you pla	n to a	ccept.	\$ 25	0,000		
15.	Is there any inforce and applied for cover ☐ Yes - Total Coverage Amount \$	age on yo	ur spo	use? X No		No sp	ouse			
16.	Have you ever had an application for life ins No Yes - give details:	urance de	clined,	postponed,	rated s	substa	ndard (or offe	red with a redu	ced face amount?

GEN	ERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 24 for 'Yes' answers.		
	Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If 'Yes', give details of type of nicotine product, amount and frequency and date last used in Q 24.	X No	☐ Yes
	Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If 'Yes' give details of location (city/country), purpose, frequency and duration in Q 24.	X No	☐ Yes
19.	if 'Yes', complete Aviation Questionnaire NB5009.	X No	☐ Yes
	b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? If 'Yes', complete appropriate Avocation Questionnaire.	X No	☐ Yes
20.	a) Have you been cited for one or more moving violations within the last 2 years?	X No	☐ Yes
	b) Have you been cited for driving while intoxicated or while otherwise impaired?	X No	☐ Yes
	Have you ever been arrested, convicted, or imprisoned for a felony and/or currently awaiting trial for any crime and/or felony? If 'Yes' give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 24.	X No	☐ Yes
22.	Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60?	X No	☐ Yes
23.	Are you a member of the armed forces, including the reserves? If 'Yes', complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109.	X No	☐ Yes
24.	Details for 'Yes' answers for questions 17 - 23.		
Quest	on No. Details		
INIE	DOMATION DECARDING LAST MEDICAL CONSULTATION		
	a) Date of last visit to Month Day Year		
25.	ANY doctor/physician $\begin{bmatrix} J & A & N & 1 & 5 & 2 & 0 & 9 \end{bmatrix}$		
	b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed)		
	ANNUAL CHECK-UP - NONE		
	c) Physician Name, Address and Telephone Number		
	ARTHER H. SMITH, 123 MAIN STREET, ANY TOWN, ANYSTATE 12347		
	d) Provide Primary Physician name and contact information, if different from 25 c).		

ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required. 26.

COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124. 27. a) Business Insurance Purpose Key Person ☐ Buy Sell ☐ Business Loan ☐ Other Liabilities Fair Market Value of the Business Assets **Gross Sales** Net Income Current Year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Previous Year b) How was the amount applied for determined? c) What percentage of the business is owned by the Proposed Life Insured? % d) Are other partners/owners/executives insured or applying for life insurance with any company?

☐ Yes - give details:

☐ No

TEMPORARY LIFE INSURANCE AGREEMENT APPLICATION ■ Not Applicable Complete this section only if applying for Temporary Life Insurance and the criteria is met. Money may NOT be collected and the Temporary Life Insurance Receipt and Agreement NB5004 may NOT be issued if: 1. questions 28 to 30 are answered **'Yes'** or left blank; or 2. the Proposed Life Insured is under age 20 or over age 70; or 3. the amount applied for is more than \$10,000,000. 28. Within the last 24 months, has the Proposed Life Insured under this application: a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer? □ No ☐ Yes b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed? □ No □ Yes c) been declined for life insurance? ☐ Yes □ No 29. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted? □ No ☐ Yes 30. Does the Proposed Life Insured reside outside the United States more than 6 months per year? ☐ No ☐ Yes

NB5092USR (11/2011) Page 4 (US) VERSION (11/2011)

READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

DECLARATIONS

The Proposed Life Insured and Owner declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

- 1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured will become part of the insurance policy issued as a result of this application.
- 2. **Policy Effective Date:**
 - a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured, (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured, and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
 - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
- 3. **Employer Owned Policies:** The Proposed Life Insured confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured, (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
- 4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
- 5. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004.**

AUTHORIZATION TO OBTAIN INFORMATION

I, the Proposed Life Insured, authorize:

- 1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me.
- 2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
- 3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me.

I authorize The Company to disclose such information and any information developed during its evaluation of my application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me; (d) me; (e) my insurance agent, when that agent is seeking insurance coverage through The Company on my behalf; (f) any medical professional designated by me; or (g) any person or entity entitled to receive such information by law or as I may further consent.

I acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am entitled, or my	, y authorized	d representative	is entitled, to a	copy of this authorization.	
SIGNATURES					
Х					
Signature of Owner (Provide title	or corporate seal,	if Signing Officer		
Owner - Signed at	City	State	This	Day of	Year
X					
Signature of Proposed	d Life Insured	d if other than Ov	vner		
AGENT SIGNATUR		unplied by the Pr	onocod Lifo Incura	d and Owner has truly and accura	itely been recorded on the application.
X	iioirriatioir st	applied by the ric	oposed Life irisdie	d and Owner has truly and accura	itely been recorded on the application.
Signature of Agent/Re	egistered Re _l	oresentative			
Date					



Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Term Conversion Application to a Permanent Policy

John Hancock Life Insurance Company (U.S.A.)

(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Life Insured and/or Owner. Agent Report must be completed and submitted with this application.

LIF	E II	NSURED	
1	-/	None of Birth	
1.	a)	Name JOHN M. DOE b) Date of Birth MAR 24 1965 First Middle Last b) Date of Birth month day year	
	c)) Address 123 MAIN STREET ANYTOWN ANYSTATE 12546	
	۷,	Street Address City State Zip Co	ode
	d)) Social Security e) Sex X M f) Home	
	,	Number 2 3 3 2 5 5 6 4 8 F Telephone No. 235-586-5846	
	g)	h) Business h) E-mail Telephone No. 235-685-7894 Address johndoe@hotmail.com	
	i)	Owner of existing term policy, if other than Life Insured (include relationship to Life Insured)	
		N/A	
CO	NV	VERSION INFORMATION	
2.	a)) Original Policy No. 82654856	
	b)	y) Type of conversion	
		▼ Term Policy/Rider	
		☐ Spousal Rider/Supplemental Term Policy upon Insured's death ☐ Children's Insurance	
	c))This is a	
		X Full or Partial conversion with no balance retained	
		☐ Partial conversion with unconverted amount to be retained	
		Amount to be converted \$	
		Other	
		☐ I of I - Insurance of Insurability or SPB - Supplemental Protection Benefit ☐ GIB- Guaranteed Insurability Benefit	
DE		·	
3.		FICIARY INFORMATION - List additional beneficiaries in Special Requests on Page 3) Will the beneficiary(ies) on the new policy be different than the beneficiary(ies) on the existing term policy?	
٥.	a)	\mathbf{X} No \square Yes - give details below	
	1.		- /
	b)	Name Primary First Middle Last Relationship to Life Insured Percenta	% age
	c)) Name $\ \ \Box$ Primary	%
	ς,	First Middle Last Secondary Relationship to Life Insured Percenta	
EXI	ST	TING, REPLACEMENT AND 1035 INFORMATION	
4.		Other than the policy being converted, does the Owner have any existing life insurance and/or annuity policies?	
	X	☑ No □ Yes	
5.		Vill this insurance replace existing policies, other than the policy being converted, or are you considering using funds from	n
		xisting policies to pay premiums due on the new policy or contract? No Yes - complete state appropriate replacement forms.	
6.		Are 1035 funds being transferred to the new policy from any of the Owner's existing life insurance and/or annuity policies	s?
		No ☐ Yes - complete appropriate 1035 forms.	

CO	VERAGE DETAILS - Refer to your illustration for product riders and benefits selected
7.	Product Name JH UNIVERSAL LIFE
8.	Are you receiving or have you applied for benefits under the waiver of premium or disability benefit rider? \mathbf{X} No \Box Yes If 'Yes' , please give details
9.	FLEXIBLE PREMIUM PRODUCTS
	■ Universal Life - If applying for Indexed UL - complete Premium Allocation Instructions NB5176
	☐ Variable Universal Life - complete Fund Allocation NB5136
	a) Base Face Amount \$ 250,000
	Level Supplemental Face Amount \$
	b) Death Benefit Option MOption 1 (Total Face Amount) Option 2 (Total Face Amount plus Policy Value)
	c) Life Insurance Qualification Test 🛮 🗓 Guideline Premium 🗀 Cash Value Accumulation
	d) Riders and Benefits (if applicable)
	$lacktriangle$ Policy Protection Rider (PPR) $\ \Box$ PPR Flex $\ \Box$ PPR Quick $\ \Box$ PPR Enhanced $\ \Box$ PPR Cash Value Advantage
	Note: For single life the PPR loan type is fixed except for PPR Cash Value Advantage. For survivorship the PPR loan type is variable.
	☐ Extended No Lapse Guarantee Select One - To transfer TDW Rider from Term policy to new policy
	☐ Overloan Protection Rider ☐ Disability Waiver of Monthly Deductions
	☐ Cash Value Enhancement ☐ Disability Payment of Specified Premium
L_	☐ Accelerated Death Benefit (for terminal illness) Monthly Specified Amount \$
10.	FIXED PREMIUM PRODUCTS
	☐ Term 10 (Applicable only for Spouse Rider Supplemental Term Policy upon Primary Insured's death)
	a) Face Amount \$
	b) Riders and Benefits
	☐ Total Disability Waiver (to transfer TDW rider from Term policy to new policy)
<u> </u>	☐ Accelerated Death Benefit (for terminal illness)
PRI	EMIUMS AND FUNDING INFORMATION
11.	. Frequency
12.	. Send Premium Notices and Correspondence to: (Select One) ☐ Owner ☑ Life Insured
	☐ Other
	First Middle Last Relationship to Life Insured
	Street Address City State Zip Code
13.	. What is the source of the premiums for this permanent policy currently applied for?
	Give details EARNED INCOME
14.	. Will the premiums be financed through a loan?
	■ No □ Yes - give details
15.	Is there, or are you considering entering into, an understanding or agreement providing for any person or entity, other than the Owner and beneficiaries specified in this application, to have any right, title or other legal or beneficial interest in any policy issued on the life of the Life Insured as a result of this application? No Yes - give details
1.0	
16	. Have you been offered any money or other considerations by any person or entity in connection with this application? No □ Yes - give details

SPECIAL REQ 17.	UESTS					
SIGNATURES						
	hat by signing					
				'	plication are complete and true.	
describe the policy. The C	variable life insur Owner has review	rance policy a ed the prospe	pplied for and thectuses and supp	ne sub-accounts of t	current prospectuses and supplements the separate account that are available as that the variable life policy is consisted one	under the
3. If convertin the Planned	g to a flexible premium if the coused in the illust	oremium pol urrent policy o	icy: The Owner charges or actua	understands that ad I interest credited/inv	Iditional premiums may be required in a vestment performance are different fro ble guaranteed death benefit feature h	m the
signed applic	cation accompani	ied by the firs	t premium paym	nent, provided that it	due date closer to the date we receive t is received during the conversion perion effect as defined in the term policy.	
	ary of the new po	, ,			licy unless, otherwise stated in this app	olication or
	that the policy ta hey were met un			ontestability periods	will be deemed to have been met to t	he same
X						
Signature of Owr	ner (Provide title or	corporate seal,	, if Signing Officer)		
Owner - Signed a	at City	State	This	Day of	Year	
Х						
Signature of Life	Insured if other tha	an Owner				
	d Collateral Assign	ee hereby relea	ases any assignme	ent of the terminating	term policy effective on the date of its te	ermination.
X Signature of Coll	ateral Assignee					
As of the effect	ive date of a new	permanent p	olicy issued purs	uant to this term con	nversion application, the undersigned Oversion application, the undersigned over as:	wner and
X	assigns the new	poncy to the	541116 7 155191166 4	The to the same exter	it as the terminating pointy has been as	sigirea.
Signature of Owr	ner/Assignor					
AGENT SIGN	ATURE					
-	information supp	olied by the Li	fe Insured and (Owner has truly and	accurately been recorded on this applic	cation.
X Signature of Age	nt/Registered Repre	esentative				
Signed this	Day of		Year			

FRAUD WARNING - Read the Fraud Warning for your state.

Arkansas: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory agencies.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Kentucky: Any person who knowingly and with intent to defraud any insurer or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any Person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who knowingly and with the intent to defraud any insurer, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, is committing a fraudulent insurance act.

Oklahoma: Fraud Warning: Any Person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For all other states: Any person who knowingly and with intent to defraud any insurer, files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

Supporting Document Schedules

ltem	Status:	Status

Date:

Satisfied - Item: Flesch Certification

Comments: Attachment: flesch ar.pdf

Item Status: Status

Date:

Bypass Reason: Application not applicable

Comments:

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: not applicable

Comments:

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage

Bypass Reason: not applicable

Comments:

Item Status: Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life

Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US

(11/2011)

AR - SOV.pdf

Item Status: Status

Date:

Satisfied - Item: Form NB5000USR (11/2011)

(marked with changes)

Comments:

Attachment:

NB5000USR_HILITED_112011.pdf

Item Status: Status

Date:

Satisfied - Item: Form NB5092USR (11/2011)

(marked with changes)

Comments:

Attachment:

NB5092USR_HILITED_112011.pdf

Item Status: Status

Date:

Satisfied - Item: Form NB5037US (11/2011)

(marked with changes)

Comments:

Attachment:

NB5037US_HILITED_112011.pdf

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

FLESCH SCORE CERTIFICATE

FOR THE STATE OF ARKANSAS

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that these forms listed below has the following readability score as calculated by the Flesch Reading Ease Test, and that these forms meet the requirements of your readability legislation.

FORM NUMBER	READABILITY SCORE
NB5000USR (11/2011)	40
NB5092USR (11/2011)	40
NB5037US (11/2011)	40

November 29, 2011
Date

Helene Landow, FLMI, ACP Director, Contracts and Compliance

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

STATEMENT OF VARIABILITY

November 29, 2011

NB5000USR (11/2011) - Application for Life Insurance NB5092USR (11/2011) - Application for Term Life Insurance – Single Life NB5037US (11/2011) - Term Conversion Application to a Permanent Policy

Application for Life Insurance - Form NB5000USR (11/2011)

Section/Section #	Page Number	Description
Service Office at top of page	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Details/ #9, Flexible Premium Products	Page 2	The Flexible Premium Products selections are bracketed to accommodate future changes. Product/Plan selection, Base Face Amount, Level Supplemental Face Amount, Death Benefit Option, Life Insurance Qualification Test, Riders and Benefits (if applicable) all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.
Coverage Details/ #10, Fixed Premium Products	Page 2	The Fixed Premium Products selections are bracketed to accommodate future changes. Product/Pan selection, Face Amount, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.

APPLICATION FOR TERM LIFE INSURANCE - SINGLE LIFE FORM NB5092USR (11/2011)

Section/Section #	Page Number	Description
Service Office at top of page	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Details/#6	Page 2	The Products selections are bracketed to accommodate future changes. Product/Pan selection, Face Amount, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.

TERM CONVERSION APPLICATION TO A PERMANENT POLICY

Policy Form NB5037US (11/2011)

Section/Section #	Page Number	Description
Service Office at top of page	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Details/ #9, Flexible Premium Products	Page 2	The Flexible Premium Products selections are bracketed to accommodate future changes. Product/Plan selection, Base Face Amount, Level Supplemental Face Amount, Death Benefit Option, Life Insurance Qualification Test, Riders and Benefits (if applicable) all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.
Coverage Details/ #10, Fixed Premium Products	Page 2	The Fixed Premium Products selections are bracketed to accommodate future changes. Product/Pan selection, Face Amount, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.
Fraud Warning	Page 4	The state specific Fraud Warnings not applicable to your state are bracketed to accommodate changes to those states Fraud Warnings based on any state regulation changes.



Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Application for Life Insurance John Hancock Life Insurance Company (U.S.A.)

(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and Owner. Use the Additional Information/Special Requests section for additional space or special requests if required.

PROPOSED LIFE INSURED LIFE ONE

PROF	OSED LIFE INSURE) LIFE ONE					
1. a)	Name First		Middle		Last		b) Sex
	JOHN M	. DO	E				
c)	Date of Birth	, ,	Place of Birth	Country		e) Social Sec	urity Number
	O C T 0 4 1 9		ANYTOWN	USA		1 2 3	4 5 6 7 8 9
f)	Telephone Nos. Personal 905 123	3-4567	Business 905 234-5678	g) E-ma Addr		doe@hotmail.co	om
h)	Driver's License No.	State	i) Citizenship	Count	ry of Citizenshi	O	
	1234567890	AS	X US	Non US Type c	of US VISA		
j)	Primary Residence Stree	et Address	City		State	Zip Code	k) Total years at this
	199	9 MARCH ST	FREET ANYTO	OWN, Al	NYSTATE	12345	address 5
l)	Do you have a second	•		m) Occupat	ion	COMPANY PR	ESIDENT
	X No ☐ Yes - provide a per year at this addres			Retired	☐ Homemak	er 🗌 Student	☐ Unemployed
n)	Employer ABC COMPANY						
0)	Gross Annual Income	Unearned		p) Net Worth			Name of the Personal
	\$ 300,000	\$ 100,0	000	\$ 2.6 M	alement for Per	sonal Insurance I	☐ Joint with spouse NB5125 may be required.
q)	Purpose X Estate Co	onservation [☐ Business Insurance				TIDS 125 May be required.
	of Insurance		☐ Income Replaceme	•			
r)	In the last 5 years, has	the Proposed	Life Insured or any	business of whi	ch he/she is a	partner/owner/e	executive been
	bankrupt, had any lien No Yes - give o		s or other similar fin	ancial difficultie	S?		
PROF	POSED LIFE INSUREI) LIFE TWO)				
	Name First		Middle		Last		b) Sex
,							□ M □ F
c)	Date of Birth	d) D	Place of Birth			a) Social Soc	curity Number
()			tate	Country		e) Social Sec	diffy Number
	T. I		Position and	\ \ -	••		
	Telephone Personal Nos.		Business	g) E-ma Addr			
h)	Driver's License No.	State	,	Count	ry of Citizenship	р	
			☐ US ☐	Non US Type c	f US VISA		
j)	Primary Residence Street (if different from Life One)	et Address	City		State	Zip Code	k) Total years at this address
l)	Occupation			m) Empl	oyer		
	Retired Homemak	xer □ Studen	nt 🗆 Unemployed				
L .	Gross Annual Income		1 3	o) Net Worth	(if different free	I:f- O\	
n)	Farned Farned	Hoorned			(ii dillelelit ilo	m lite One)	☐ Personal
n)	\$	Unearned \$		\$	(ii different no	m lite One)	☐ Personal☐ Joint with spouse

	/NER - List additional Owners and details in A Who is the Owner? ▼ Proposed Life Insured One □ Trust □ Other - give relationship to	☐ Proposed L☐ Trust to be	Life Insured Tv Established				
Pro	If the Owner is a Non US Person or a Non Resider vide details below, if other than Proposed Life st Agreement may be required.						
5.	a) Name				b) Date of Bi	rth/Trust Date	Year
	c) Address Street Address City			State		Zip Code	
	d) Social Security/Tax ID Number (if applicable)		e) E-mail Address				
6.	Multiple Owners - Type of Ownership 🔲 Joint v	vith right of Su	ırvivorship	☐ Tenants in	common		
BEN	NEFICIARY INFORMATION - Subject to change	e by Owner. (List addition	al beneficiari	es in Additio	nal Informa	tion Q 34)
7.	a) Name JAMES M.	DOE	X Primary		to Proposed Li SON	fe Insured(s)	Percentage 100 %
	b) Name		☐ Primary ☐ Secondar		to Proposed Li	fe Insured(s)	Percentage %
CO	VERAGE DETAILS - Refer to your illustration	for riders an	d benefits se	elected			
8.	PRODUCT NAME JH UNIVERSAL LIFE						
9.	FLEXIBLE PREMIUM PRODUCTS						_
	■ Universal Life - If applying for Indexed UL - C ■ Variable Universal Life - complete Fund Al a) ■ Single Life ■ Survivorship	location NB51	136		NB5176		
	b) Base Face Amount \$ 250,000		ıl Face Amour —				
			☐ Increasing b	-	% for	Years	- NDFOCA
	c) Death Benefit Option 🛽 Option 1 (Face Amod) Life Insurance Qualification Test 🗓 Guidelin		option 2 (Face		plus Policy Va		e NB5004
	Note: For single life the PPR loan type is fixed exc Extended No Lapse Guarantee Return of Premium Rider (DB 1 only) Percentage of premiums to be returned at (Whole numbers only. Maximum 100%)	☐ PPR Quick ept for PPR Cas	c □ PPR En h Value Advan □ Lon □ L □ Disa □ Disa	hanced tage. For survi g-Term Care F ong-Term Ca ability Waiver ability Paymen	PPR Cash Va vorship the PP Rider (comple re Continuation of Monthly Dout of Specified	R loan type is te NB5018) on Rider eductions	
	☐ Overloan Protection Rider☐ Cash Value Enhancement☐ Accelerated Death Benefit (for terminal illn	ess)	☐ Esta	nthly Specified ate Preservation	n Rider (Four	Year Term)	
		,	∟ Poli □ Oth	cy Split Option Ier	П		
10.	FIXED PREMIUM PRODUCTS						
	☐ Term 10 ☐ Term 15 ☐ Term 20 a) Face Amount \$	Survivors	hip Term				
	b) Riders and Benefits (if applicable) Total Disability Waiver Assels rated Death Benefit (for terminal ille	055)	☐ Conve	ersion Extensio	on Rider (T15	& T20 only)	
	☐ Accelerated Death Benefit (for terminal illn	E35/	☐ Other				
11.	If an additional or optional policy is being applied Plan Name	d for by the Ov	vner in a sepa		on, state plar \$	and face ar	mount.

PRE	MIUMS	AND FUNDIN	IG INFORMATION	V									
12.	Frequency	∕ X Annual	☐ Semi-Annual	□ Q	uarterl	у 🗆 Мо	onthly	(Pre-A	Author	ized P	ayment P	lan on	y)
		☐ Direct	☐ Pre-Authorized	l Payme	ent Pla	n - complet	e Req	uest f	or Pre-	Autho	rized Pay	ment l	Plan NB5087
13.	Send Pren	nium Notices a	and Correspondence	to: (Se	lect O	ne)							
	☐ Owner		d Life Insured One				d Two)					
	\square Other	First	N	1iddle		Las	t			Relatio	nship to Pro	posed Life	Insured(s)
		Street Address					City	/			State		Zip Code
14	Premium	Source											
	X Earned		Jnearned Income	□Loa	n (com	nplete ques	tion 1	5)					
	☐ Liquida	iting Assets - g	ive details:										
	☐ An indi	vidual and/or e	ntity other than the	Propose	ed Life	Insured's en	nploye	r - give	e detai	ls:			
	☐ Settled	Contracts - gi	ive details:										
		give details:											
Col			premium source is	a loan									
		the lender?	memiam source is	a ioaii	•	b) What a	mount	and t	vpe of	collate	ral is regu	uired to	secure the loan?
	,					Amount			<i>3</i> 1		of Collateral		
			ent of principal and	linteres	st, are	there other	tees,	charg	es or c	other c	:onsidera	tion to	be paid?
	□ No	☐ Yes - give	details:										
16.			idering entering into										
			aries specified in this of the Proposed Life							er iega	ai or bene	етісіаі і	nterest in any
		☐ Yes - give de	·										
17	Have you	heen offered a	any money or other	conside	eration	s hy any ne	arson (or enti	ity in c	onnec	tion with	this a	onlication?
17.	-	☐ Yes - give de	•	COLISION	eration	3 by arry pe	13011	Ji Cilli	ity iii C	.Oririec	tion with	ו נוווג מן	эрпсанот:
			INFORMATION					-11	_		_		
			ttach additional p					y the	Owne	er and	Propose	ed Life	Insured(s).
18.			ny existing life insura			, ,	cies?						
	△ NO ∟	res - complei	te state appropriate	replace	ement	IOITIS.							
19.	Provide in	formation for	each policy in force	on the	Propos	sed Life Ins	ured(s)) with	all cor	mpanie	es, includ	ling an	y policy
		-	gned or settled to or	with a	settle	ment or via	itical c	ompa	ny or a	any otl	ner perso	on or e	ntity.
		check this box	<. X ————————————————————————————————————	Ι.			To Re	main	10	35			
l F	Proposed fe Insured		Company		Business	Issue Date Year	in Fo	rce?	Excha	ange?	Settled o	or Sold Year	Face Amount Including Riders
	ne □ Two			T CISOTIAL	Dusiriess	Teal	Tes		Tes		Tes	icai	\$
	One \square Two												\$
													\$
	One 🗆 Two												·
	One 🗌 Two						Ш						\$

EXISTING AND PENDING INFORMATION continued 20. a) If you are applying for life insurance with any other company, provide the amount of all formal applications and name of the life insurance company. Do not include informal inquiries. Face Amount Proposed Proposed Face Amount Company Company Life İnsured Life İnsured **Including Riders** Including Riders \$ ☐ One ☐ Two ☐ One ☐ Two \$ ☐ One ☐ Two \$ ☐ One ☐ Two b) Total formal coverage pending (including this application) you plan to accept. Life Two \$ Life One \$ 250,000 21. If applying for single life coverage, is there any inforce and applied for coverage on your spouse? ☐ Yes - Total Coverage Amount \$ X No ☐ No spouse 22. Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount? Life One \mathbf{X} No \square Yes - give details: Life Two \square No \square Yes - give details: GENERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 31 for 'Yes' answers. Life One Life Two 23. Do you engage in any regular exercise? (ie walking, treadmill, swimming, aerobics, strength training, cycling, yoga) If 'Yes', give details of type, frequency and length of time in Q 31 X No ☐ Yes ☐ No ☐ Yes 24. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If 'Yes', give details of type of nicotine product, amount and frequency and date last used in Q 31. X No ☐ Yes No ☐ Yes 25. Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If 'Yes' give details of location (city/country), purpose, X No ☐ Yes No Yes frequency and duration in Q 31. 26. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes in the last 2 years? ▼ No □ Yes ☐ No ☐ Yes If 'Yes', complete Aviation Questionnaire NB5009. b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? X No ☐ Yes ☐ No ☐ Yes If 'Yes', complete appropriate Avocation Questionnaire. 27. a) Have you been cited for one or more moving violations within the last 2 years? ☐ Yes □ No X No ☐ Yes b) Have you been cited for driving while intoxicated or while otherwise impaired? X No ☐ Yes ☐ No ☐ Yes 28. Have you ever been arrested, convicted, or imprisoned for a felony and/or currently X No ☐ Yes ☐ No Yes awaiting trial for any crime and/or felony? If 'Yes' give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 31. 29. Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60? X No ☐ Yes ☐ No ☐ Yes X No ☐ Yes ☐ No ☐ Yes 30. Are you a member of the armed forces, including the reserves? If 'Yes', complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109. 31. Details for 'Yes' answers for questions 23 - 30. Ouestion No. Life One Ouestion No. Life Two

LIFE ONE LIFE TWO 32. a) Date of last visit to Month Day Year 33. a) Date of last visit to Day Year ANY doctor/physician ANY doctor/physician 15 2009 **JAN** b) Reason for and outcome of visit b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed) (Diagnosis / Treatment / Medication Prescribed) ANNUAL CHECK-UP - NONE c) Physician Name, Address and Telephone Number c) Physician Name, Address and Telephone Number ARTHER H. SMITH 123 MAIN STREET **ANY TOWN, ANYSTATE 12347** d) Provide Primary Physician name and contact information, d) Provide Primary Physician name and contact information, if different from 32 c). if different from 33 c). ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required. 34. COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124. 35. a) Business Insurance Purpose ☐ Key Person ☐ Buy Sell ☐ Business Loan ☐ Other Liabilities Gross Sales Fair Market Value of the Business Assets Net Income Current Year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Previous Year b) How was the amount applied for determined? c) What percentage of the business is owned by the Proposed Life Insured(s)? d) Are other partners/owners/executives insured or applying for life insurance with any company? ☐ No ☐ Yes - give details: JUVENILE INSURANCE - Complete if Proposed Life Insured is under age 18. 36. a) Are all siblings equally insured? \square No \square Yes b) Amount of life insurance currently in force or pending for If 'No', give details: Amount If none, provide reason \$ Mother Father \$ Guardian \$

INFORMATION REGARDING LAST MEDICAL CONSULTATION

TEMPORARY LIFE INSURANCE AGREEMENT APPLICATION ☑ Not Applicable

Complete this section only if applying for Temporary Life Insurance and the criteria is met.

Money may NOT be collected and the **Temporary Life Insurance Receipt and Agreement NB5004** may NOT be issued if:

- 1. questions 37 to 39 are answered 'Yes' or left blank; or
- 2. the Proposed Life Insured(s) is under age 20 or over age 70; or
- 3. the amount applied for is more than \$10,000,000 (single life) or \$15,000,000 (survivorship).

	Life	One	Life	Two
37. Within the last 24 months, has the Proposed Life Insured(s) under this application:				
 a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer? 	□ No	☐ Yes	□ No	☐ Yes
b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed?	□No	☐ Yes	□No	☐ Yes
c) been declined for life insurance?	□ No	☐ Yes	□ No	☐ Yes
38. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted?	□ No	☐ Yes	□ No	☐ Yes
39. Does the Proposed Life Insured(s) reside outside the United States more than 6 months per year?	□ No	☐ Yes	□ No	☐ Yes

READ THE FOLLOWING CAREFULLY

DECLARATIONS

The Proposed Life Insured(s) and Owner (or Parent or Guardian) declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

- 1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured(s) will become part of the insurance policy issued as a result of this application.
- 2. Policy Effective Date:
 - a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured(s), (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured(s), and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
 - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
- 3. **Employer Owned Policies:** The Proposed Life Insured(s) confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured(s), (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured(s) and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured(s) also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
- 4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
- 5. **Variable Policies:** I/We acknowledge receipt of the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under this policy. I/We have reviewed the prospectuses and supplements and believe that the variable life policy is consistent with my/our insurance needs, investment objectives and investment risk tolerance.
- 6. **Flexible Premium Policies**: I/We understand that I/We may need to pay additional premiums in addition to the Planned Premium if the current policy charges or actual interest rate credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied).
- 7. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004.**

READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

AUTHORIZATION TO OBTAIN INFORMATION

I/We, the Proposed Life Insured(s), authorize:

- 1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me/us.
- 2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me/us or any minor child/children who are to be insured. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
- 3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me/us.

I/We authorize The Company to disclose such information and any information developed during its evaluation of my/our application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) my/our insurance agent, when that agent is seeking insurance coverage through The Company on my/our behalf; (f) any medical professional designated by me/us; or (g) any person or entity entitled to receive such information by law or as I/we may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am/We are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

X Signature of Owner (Provide title	or corporate seal	, if Signing Officer)		
Owner - Signed at	City	State	This	Day of	Year
X				X	
Signature of Propose or Guardian if under		d One if other tha	an Owner (Parent	Signature of Proposed Life Ins	ured Two if other than Owner
AGENT SIGNATUR	RE				
I certify that all the the application.	informatio	n supplied by th	he Proposed Life In	sured(s) and Owner has truly	and accurately been recorded on
Χ					



Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Application for Term Life Insurance - Single Life John Hancock Life Insurance Company (U.S.A.)

(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured and Owner. Use the Additional Information/Special Requests section for additional space or special requests if required.

PK	UP	OSED LIFE INSURE	יט											
1.	a)	Name First			Middle		La	ast				b) Se		
			M.	DOE									M	☐ F
	c)	Date of Birth Month Day	Year	d) Place State	e of Birth		Country		e) S	Social S	Securit	ty Num	ber	
		$\begin{bmatrix} O & C & T & 0 & 4 & 1 \end{bmatrix}$	9 6 7	ANY	TOWN		USA		l	1 2	3 4	5	6 7	8 9
	f)	Telephone Nos. Personal 905 12	23-4567	Business 905	234-5678		g) E-mail Address	i	johndoe@	hotma	ail.con	1		
	h)	Driver's License No.	S	tate i)	Citizenship			of Citizens	ship					
		1234567890	A	AS	X US	Non	Type of U	JS VISA						
	j)	Primary Residence St	reet Address		City			State	Zip Co	ode	k)	Total y	ears	at this
		19	999 MARCH	I STREE	T ANY	TOWN,	ANY	STATE	123	45	'	dadics		5
	l)	Do you have a secon	•				n) Occupation	٦	COMPA	NY PR	RESIDI	ENT		
		■ No □ Yes - provide per year at this addr				onuns	☐ Retired	☐ Home	emaker [☐ Stud	ent	□ Une	mplo	yed
	n)	Employer ABC COMPANY												
	0)	Gross Annual Incom	e	earned		p) N	let Worth					ersonal		
		\$ 300,000	\$	100,000		\$ Fina	2.6 M ncial Suppler	ment for P	Personal In	suranc		oint witl 125 ma		
	q)	Purpose X Estate (Conservation	ı 🗌 Bus	siness Insurar	ice - con	nplete Busine	ess Insurar	nce section	Q 27			-	•
		Insurance Wealth	Transfer		ome Replace	ment	\square Other - given	ve details:						
	r)	In the last 5 years, had any liens, judgen No Yes - give	nents or oth	sed Life Ir er similar	nsured or any financial diff	busines busines?	s of which h	e/she is a	partner/ov	vner/ex	ecutiv	e been	banl	krupt,
OV	VN	ER - List additional	Owners ar	nd detail	s in Additio	nal Inf	ormation Q	26						
		ho is the Owner?		give rela] ationship to F	☐ Trust t Proposed		d	☐ Emplo					
Pro Tru	ovio ust	le details below, if Agreement may be	other than required.	Propos	ed Life Insu	red. If 1	Trust Owne	r, comple	ete the Tr	ust Ce	ertifica	ation I	PS51	01.
3.	a)	Name							b) D	ate of	Birth/	Trust Da	ate _{Ye}	aar
										IVIOITEI		Jay	1	
	c)	Address Street Address				City			State				;	Zip Code
	d)	Social Security/Tax ID	Number (if a	npolicable)		e) E-mail							
	,		(,		Address	S						
4.	M	ultiple Owners - Type	of Ownersl	nip 🗌 J	oint with rig	ht of Su	rvivorship	☐ Tenar	nts in com	mon				
BEI	NEF	ICIARY INFORMAT	ΓΙΟΝ - Subj	ect to ch	nange by Ov	wner. (I	List addition	nal benef	iciaries in	Addit	ional	Inforn	natio	on Q 26)
5.	a)	Name JAMES	M.		DOE		X Primary	Relatio SON	nship to Pr	oposed	l Life Ir	nsured	Pe	rcentage 100%
	b)	Name					☐ Primary ☐ Seconda		nship to Pr	oposed	l Life Ir	nsured	Pe	rcentage %

CO	/ERAGE DE	TAILS											
6.	X Term 10	☐ Term	15 🗆 Teri	m 20	☐ Oth	er							_
	a) Face Amo	unt \$ 250,0 0	00										
	☐ Total D	d Benefits (if a isability Waiv rated Death B		ninal illne	ss)	[□ Cor		on Exte	ension	Rider (T15 & T	20 only)	
7.	If an addition	nal or optiona	al policy is bein	g applied	for by	the Owner	in a se	eparat	te appl	icatior	n, state plan and	d face amount.	
	Plan Name									\$			
PRE	REMIUMS AND FUNDING INFORMATION												
8.	. ,			orized Payı		an - compl					Payment Plan c norized Paymen	-	
9. Send Premium Notices and Correspondence to: (Select One) Owner Proposed Life Insured Other First Middle Last Relationship to Proposed Life Insured								urad					
	☐ Other First			Middle		Las	ı			Neiatio	nship to Proposed Life his	ureu	
	Stree	et Address					City	′			State	Zip Code	
10.	0. Premium Source												
Cor			emium sourc	o is a loa	n								
	a) Who is the		emum sourc	e 15 a 10a		b) What a	mount	t and t	type of		eral is required to	secure the loan	?
		n to repayme Yes - give d		and intere	est, are	there other	fees,	charg	jes or (other o	consideration to	be paid?	
			NFORMATIC										
	<u>-</u>							y the	Owne	er and	l Proposed Life	e Insured.	
12.	Does the Ow	ner nave any	existing life in X No			nnuity poli tate approj		replac	ement	forms	S.		
13.			ch policy in for	ce on the	Propose	ed Life Insur	ed wit	:h all c	compar	nies, ir	ncluding any pol	icy that has bee	
		Company			ırance	Issue Date	To Re in Fo	emain orce?	10 Excha	35 ange?	Settled or Sold	Face Amoun Including Ride	
					al Business	Year	Yes	No	Yes	No	Yes Year	\$.13
4.4	\ IC	1 ' (P.C									\$	· ·
14.	a) If you are the life ins	applying for surance comp	life insurance v pany. Do not i l	with any c nclude in	ther co formal	mpany, pro inquiries.	ovide t	ne am	nount (of all f	ormal application	ons and name o)Ť
		Company	,	Face /	Amount ng Rider				Compa	ny		Face Amount Including Ride	
				\$								\$	
	b) Total form	al coverage p	pending (includ	ling this a	pplicati	on) you pla	n to a	ccept.	. \$ 25	0,000			
15.	Is there any i	r 1				2							
	-	ntorce and ap l Coverage Ai	oplied for cove mount \$	rage on y	our spo	use?		No sp	oouse				

GEN	ERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 24 for 'Yes' answers.		
	Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If 'Yes', give details of type of nicotine product, amount and frequency and date last used in Q 24.	X No	☐ Yes
	Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If 'Yes' give details of location (city/country), purpose, frequency and duration in Q 24.	X No	☐ Yes
19.	if 'Yes', complete Aviation Questionnaire NB5009.	X No	☐ Yes
	b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? If 'Yes', complete appropriate Avocation Questionnaire.	X No	☐ Yes
20.	a) Have you been cited for one or more moving violations within the last 2 years?	X No	☐ Yes
	b) Have you been cited for driving while intoxicated or while otherwise impaired?	X No	☐ Yes
	Have you ever been arrested, convicted, or imprisoned for a felony and/or currently awaiting trial for any crime and/or felony? If 'Yes' give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 24.	X No	☐ Yes
22.	Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60?	X No	☐ Yes
23.	Are you a member of the armed forces, including the reserves? If 'Yes', complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109.	X No	☐ Yes
24.	Details for 'Yes' answers for questions 17 - 23.		
Quest	on No. Details		
INIE	DOMATION DECARDING LAST MEDICAL CONSULTATION		
	a) Date of last visit to Month Day Year		
25.	ANY doctor/physician $\begin{bmatrix} J & A & N & 1 & 5 & 2 & 0 & 9 \end{bmatrix}$		
	b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed)		
	ANNUAL CHECK-UP - NONE		
	c) Physician Name, Address and Telephone Number		
	ARTHER H. SMITH, 123 MAIN STREET, ANY TOWN, ANYSTATE 12347		
	d) Provide Primary Physician name and contact information, if different from 25 c).		

ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required.

26.

COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION

BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124.

	comple	te the Financial Sup	pplement for Busine	ess Insurance NB512	24.						
27. a) Business	Insurance Purpose	☐ Key Person ☐ B	uy Sell 🗌 Business	Loan Other							
	Assets Liabilities Gross Sales Net Income Fair Market Value of the Business										
Current Year	Eurrent Year \$ \$ \$ \$										
Previous Year	Previous Year \$ \$ \$ \$										
b) How wa	s the amount applied	for determined?									
c) What pe	rcentage of the busir	ness is owned by the	Proposed Life Insured	! ?	%						
	er partners/owners/exe	ecutives insured or ap	oplying for life insurar	nce with any compan	y?						
TEMPORARY	LIFE INSURANCE A	AGREEMENT APPL	ICATION 🛚 🖺	Not Applicable							
Money may NO 1. questions 2 2. the Propose	section only if app of the collected and the second to the second of the second to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	he Temporary Life In d 'Yes' or left blank; o er age 20 or over age	isurance Receipt an or			be issued	d if:				
28. Within the last 24 months, has the Proposed Life Insured under this application: a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer? b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed? c) been declined for life insurance?							☐ Yes ☐ Yes ☐ Yes				
	planned routine chec I has not yet been co		lical concerns or symp	otoms for which a me	edical	□No	☐ Yes				
30. Does the Pr	oposed Life Insured r	eside outside the Uni	ted States more than	6 months per year?		□ No	☐ Yes				

NB5092USR (11/2011) Page 4 (US) VERSION (11/2011)

READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

DECLARATIONS

The Proposed Life Insured and Owner declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

- 1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured will become part of the insurance policy issued as a result of this application.
- 2. **Policy Effective Date:**
 - a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured, (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured, and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
 - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
- 3. **Employer Owned Policies:** The Proposed Life Insured confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured, (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
- 4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
- 5. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004.**

AUTHORIZATION TO OBTAIN INFORMATION

I, the Proposed Life Insured, authorize:

- 1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me.
- 2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
- 3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me.

I authorize The Company to disclose such information and any information developed during its evaluation of my application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me; (d) me; (e) my insurance agent, when that agent is seeking insurance coverage through The Company on my behalf; (f) any medical professional designated by me; or (g) any person or entity entitled to receive such information by law or as I may further consent.

I acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am entitled, or my			is entitled, to a	copy of this authorization.	
SIGNATURES					
Х					
Signature of Owner (F	Provide title	or corporate seal,	if Signing Officer		
Owner - Signed at	City	State	This	Day of	Year
X					
Signature of Proposed	Life Insured	d if other than Ov	vner		
AGENT SIGNATUR I certify that all the int		upplied by the Pro	oposed Life Insure	d and Owner has truly and accura	tely been recorded on the application.
X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
Signature of Agent/Re	egistered Rep	oresentative			
Date					

NB5092USR (11/2011) Page 5 (US) VERSION (11/2011)



Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Term Conversion Application to a Permanent Policy

John Hancock Life Insurance Company (U.S.A.)

(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Life Insured and/or Owner. Agent Report must be completed and submitted with this application.

LIF	E INSURED	a sabrineed with this appli-				
LII 1	L INSURED					
1.	a) Name JOHN M.	DOE		b) Date of Birth	MAR 24	1965
	First	Middle Last		•	month day	
	c) Address 123 MAIN STREI	ET ANYTOWN ANYS	ГАТЕ 12546			
	Street Address	ZI ZIVITOWN ZIVIS	City		State	Zip Code
	d) Social Security	e) S	ex X M f) Ho	ome		
	Number $2 \mid 3 \mid 3 \mid 2$	2 5 5 6 4 8	□ F Te	lephone No. 23	5-586-5846	
	g) Business	h) E	-mail			
	Telephone No. <u>235-685-789</u>	4	Address <u>johndoe@ho</u>	otmail.com		
	i) Owner of existing term polic	y, if other than Life Insured	(include relationship	to Life Insured)		
	N/A					
CO	INVERSION INFORMATION					
2.	a) Original Policy No. 82654850	6				
۷.	b) Type of conversion)				
	■ Term Policy/Rider					
	☐ Spousal Rider/Supplementa	al Term Policy upon Insured's	death			
	☐ Children's Insurance					
	c) This is a					
	X Full or Partial conversion	with no balance retained				
	\square Partial conversion with ur	nconverted amount to be re	tained			
	Amount to be converted	\$				
	Other					
	☐ I of I - Insurance of Insura	ability or SPB - Supplementa	l Protection Benefit			
	☐ GIB- Guaranteed Insurabi					
DE!	NIFFICIA DV INIFODRAATION					
	NEFICIARY INFORMATION -					
3.	· / / / / / / / / / / / / / / / / / / /	. ,	nan the beneficiary(i	es) on the existing	term policy?	
	■ No □ Yes - give details	below				
	b) Name		☐ Primary			%
	First Midd	le Last		Relationship to Life In	sured	Percentage
	c) Name		☐ Primary			%
	First Midd	le Last	☐ Secondary	Relationship to Life In	sured	Percentage
EXI	ISTING, REPLACEMENT AND	1035 INFORMATION				
4.			vo any oxisting life in	suranco and/or a	anuity policios?	
4.	\mathbf{X} No \square Yes	iverted, does the Owner ha	ve any existing me ii	isurance and/or an	indity policies:	
5.	Will this insurance replace exist	ing policies other than the	nolicy heing convert	ed or are you con	siderina usina	funds from
٦.	existing policies to pay premiun			ca, or are you cor	isidering daining	Tarias ITOTTI
	\mathbf{X} No \square Yes - complete state					
6.	Are 1035 funds being transferr	ed to the new policy from a	nv of the Owner's ex	xisting life insuran	ce and/or annu	uity policies?
	\blacksquare No \square Yes - complete approx		,	ggg		-, 6.65

VERAGE DETAILS - Refer to your illustration for product riders and benefits selected
Product Name JH UNIVERSAL LIFE
Are you receiving or have you applied for benefits under the waiver of premium or disability benefit rider? \blacksquare No \square Yes If 'Yes' , please give details
FLEXIBLE PREMIUM PRODUCTS
☑ Universal Life - If applying for Indexed UL - complete Premium Allocation Instructions NB5176
☐ Variable Universal Life - complete Fund Allocation NB5136
a) Base Face Amount \$ 250,000
Level Supplemental Face Amount \$
b) Death Benefit Option Supplied 1 (Total Face Amount) Doption 2 (Total Face Amount plus Policy Value)
c) Life Insurance Qualification Test 🗵 Guideline Premium 🗆 Cash Value Accumulation
d) Riders and Benefits (if applicable)
🛮 Policy Protection Rider (PPR) 🗆 PPR Flex 🗀 PPR Quick 🗀 PPR Enhanced 🗀 PPR Cash Value Advantage
Note: For single life the PPR loan type is fixed except for PPR Cash Value Advantage. For survivorship the PPR loan type is variable.
☐ Extended No Lapse Guarantee Select One - To transfer TDW Rider from Term policy to new policy
☐ Overloan Protection Rider ☐ Disability Waiver of Monthly Deductions
☐ Cash Value Enhancement ☐ Disability Payment of Specified Premium
☐ Accelerated Death Benefit (for terminal illness) Monthly Specified Amount \$
. FIXED PREMIUM PRODUCTS
☐ Term 10 (Applicable only for Spouse Rider Supplemental Term Policy upon Primary Insured's death)
a) Face Amount \$
b) Riders and Benefits
☐ Total Disability Waiver (to transfer TDW rider from Term policy to new policy)
☐ Accelerated Death Benefit (for terminal illness)
EMIUMS AND FUNDING INFORMATION
. Frequency X Annual Semi-Annual Quarterly Monthly (Pre-Authorized Payment Plan only)
☐ Direct ☐ Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan NB5087
. Send Premium Notices and Correspondence to: (Select One) ☐ Owner ■ Life Insured
☐ Owner
□ Other
First Middle Last Relationship to Life Insured
Street Address City State Zip Code
. What is the source of the premiums for this permanent policy currently applied for?
Give details EARNED INCOME
. Will the premiums be financed through a loan?
■ No □ Yes - give details
Is there, or are you considering entering into, an understanding or agreement providing for any person or entity, other than the Owner and beneficiaries specified in this application, to have any right, title or other legal or beneficial interest in any policy issued on the life of the Life Insured as a result of this application?
■ No ☐ Yes - give details
Have you been offered any money or other considerations by any person or entity in connection with this application? No Verson verson or entity in connection with this application?

17.								
SIGNATURES								
IT IS AGREED THAT BY SIGNING								
1. The Owner and Life Insured of								
describe the variable life insu	rance policy are ed the prospe	oplied for and th ctuses and supp	ne sub-accounts of the lements and believes	rrent prospectuses and supplements that e separate account that are available under that the variable life policy is consistent wit e.				
the Planned Premium if the cassumptions used in the illust been satisfied.)	. If converting to a flexible premium policy: The Owner understands that additional premiums may be required in addition to the Planned Premium if the current policy charges or actual interest credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied.)							
signed application accompan forth in the term policy. The t	ied by the first erm policy ter	t premium paym minates when t	ent, provided that it is he new policy takes e	ue date closer to the date we receive this s received during the conversion period set ffect as defined in the term policy. by unless, otherwise stated in this application				
6. On the date that the policy to extent that they were met un			ontestability periods w	vill be deemed to have been met to the san	ne			
X (D (D (D (D (D (D (D (D (D (D (D (D (D			<u> </u>					
Signature of Owner (Provide title or	corporate seal,	if Signing Officer,)					
Owner - Signed at City	State	This	Day of	Year				
Χ								
Signature of Life Insured if other than	an Owner							
		see any assignme	ant of the terminating t	erm policy effective on the date of its terminal	tion			
X	ee Heleby Telea	ises arry assignine	ent of the terminating t	erm policy effective of the date of its terminal	uon.			
Signature of Collateral Assignee								
As of the effective date of a new Assignor hereby assigns the new	permanent population policy to the s	olicy issued pursu same Assignee a	uant to this term conve nd to the same extent	ersion application, the undersigned Owner a as the terminating policy has been assigned	nd			
X								
Signature of Owner/Assignor								
AGENT SIGNATURE I certify that all information supp	olied by the Li	fe Insured and C	Owner has truly and ac	ccurately been recorded on this application.				
X								
Signature of Agent/Registered Repr	esentative							

Year

Signed this

Day of

FRAUD WARNING - Read the Fraud Warning for your state.

Arkansas: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory agencies.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Kentucky: Any person who knowingly and with intent to defraud any insurer or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any Person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who knowingly and with the intent to defraud any insurer, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, is committing a fraudulent insurance act.

Oklahoma: Fraud Warning: Any Person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For all other states: Any person who knowingly and with intent to defraud any insurer, files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.